

Commonwealth of Kentucky Personnel Cabinet

Prepared for:
Kentucky Group Health Insurance Board Members

November 2006

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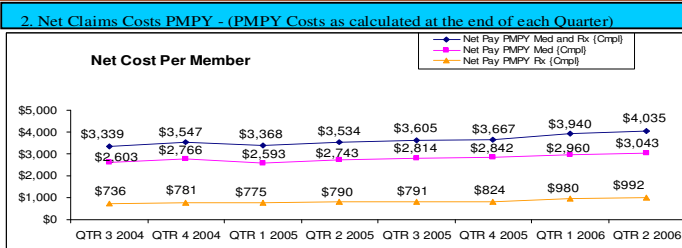
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Dashboard Report

Based on Incurred Claims

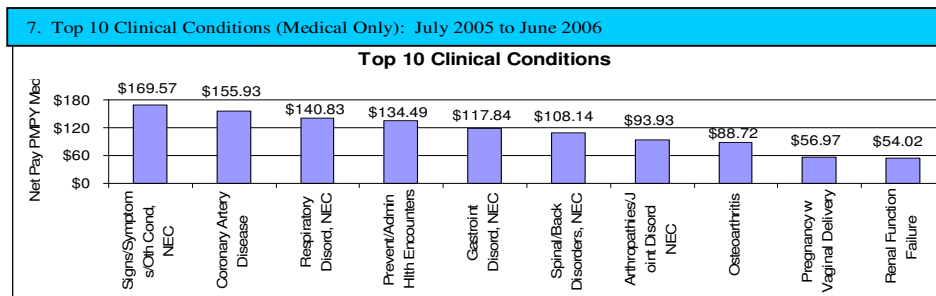
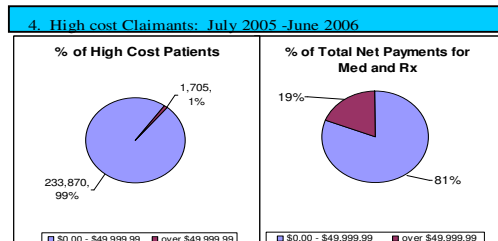
Includes projections for Incurred by not yet reported claims (IBNR or CMPL)

1. Enrollment			
Fact	Jul 2005 - Jun 2006	Jul 2004 - Jun 2005	% Change
Employees Avg Med	145,642	143,736	1.30%
Members Avg Med	232,745	228,372	1.90%
Family Size Avg	1.6	1.6	0.60%
Member Age Avg	37.1	37.1	0.20%



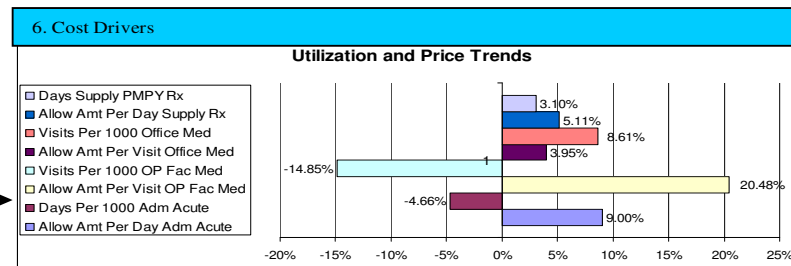
3. Allowed Claims Costs PMPY with Norms					
	Jul 2004 - Jun 2005	Jul 2005 - Jun 2006	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$3,030.44	\$3,289.18	9%	\$3,371.67	-2.51%
Allow Amt PMPY IP Acute (Cmpl)	\$899.03	\$947.29	5%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$2,102.63	\$2,326.80	11%	\$2,173.66	6.58%
Allow Amt PMPY OP Fac Med (Cmpl)	\$977.32	\$1,002.60	3%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$737.19	\$832.31	13%	\$0.00	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$139.87	\$171.79	23%	\$0.00	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$278.61	\$357.09	28%	\$0.00	N/A
Out of Pocket PMPY Med (Cmpl)	\$290.37	\$313.26	8%	\$525.81	-67.85%
Allow Amt PMPY Rx (Cmpl)	\$1,048.43	\$1,136.22	8%	\$895.67	21.17%
Out of Pocket PMPY Rx (Cmpl)	\$277.78	\$238.39	-14%	\$0.00	N/A

Above Norm
Below Norm



5. Prescription Drug Programs				
	Fact	Jul 2004 - Jun 2005	Jul 2005 - Jun 2006	% Change
Mail Order	Discount Off AWP % Rx	28.53%	30.14%	5.64%
	Scripts Generic Efficiency Rx	84.97%	88.74%	4.44%
Retail	Discount Off AWP % Rx	25.54%	30.32%	18.75%
	Scripts Generic Efficiency Rx	90.07%	92.87%	3.11%
Total	Discount Off AWP % Rx	25.86%	30.30%	17.14%
	Scripts Generic Efficiency Rx	89.91%	92.71%	3.11%
	Scripts Maint Rx % Mail Order	4.80%	6.42%	33.71%

6.b. Cost Driver Support Table			
Fact	Jul 2004 - Jun 2005	Jul 2005 - Jun 2006	% Change
Allow Amt Per Day Adm Acute	\$2,623.67	\$2,859.74	9.00%
Days Per 1000 Adm Acute	338.75	322.97	-4.66%
Allow Amt Per Visit OP Fac Med	\$546.36	\$658.26	20.48%
Visits Per 1000 OP Fac Med	1,788.77	1,523.11	-14.85%
Allow Amt Per Visit Office Med	\$102.40	\$106.44	3.95%
Visits Per 1000 Office Med	7,199.38	7,819.59	8.61%
Allow Amt Per Day Supply Rx	\$2.10	\$2.21	5.11%
Days Supply PMPY Rx	498.08	513.54	3.10%



Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

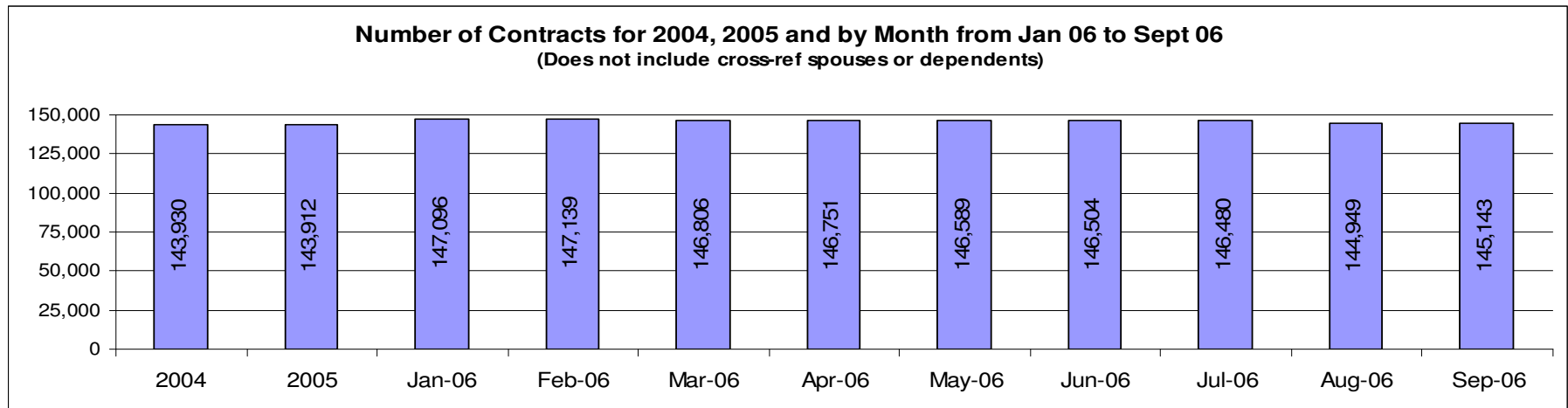
Definitions

DEI utilized the following definitions in preparing reports:

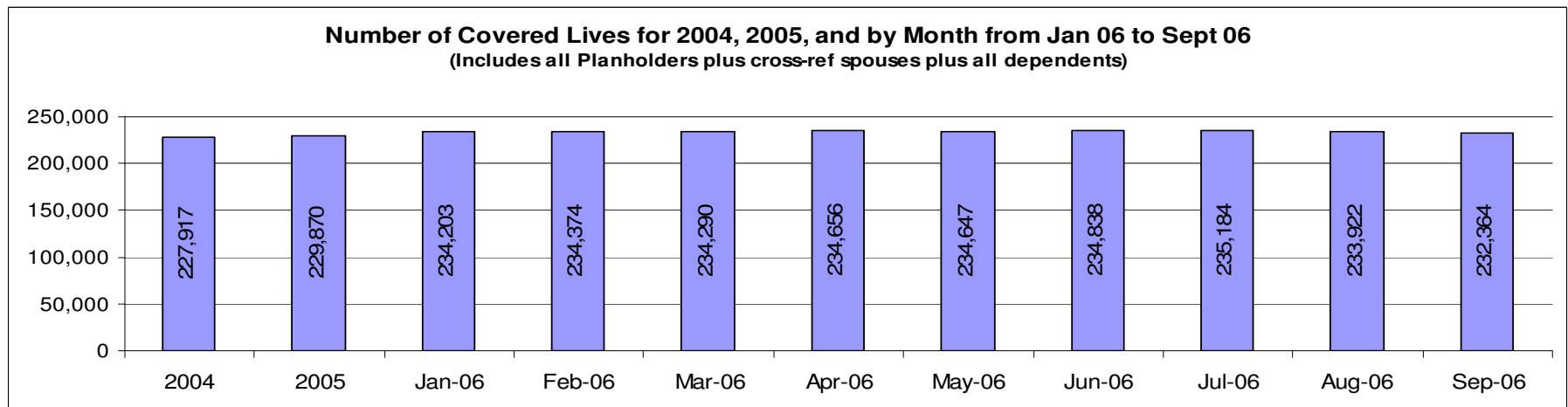
- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following details planholder enrollment (contracts) for 2004, 2005, and monthly year-to-date for 2006. Enrollment will fluctuate on a monthly basis. (Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the following chart.)



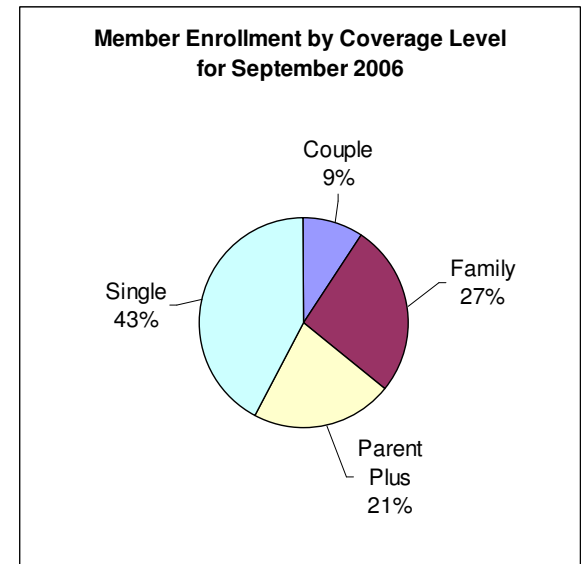
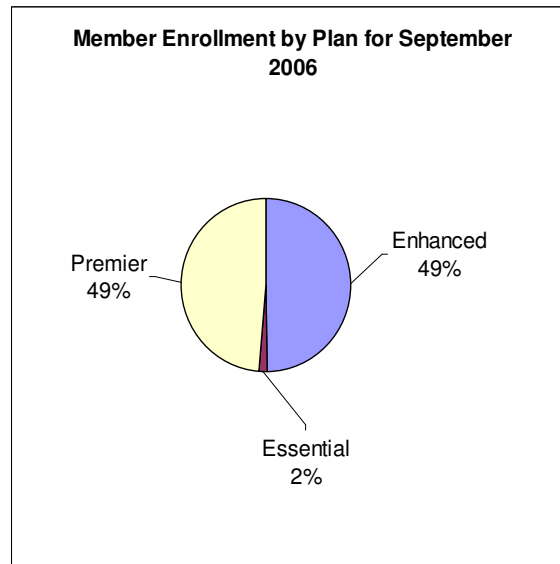
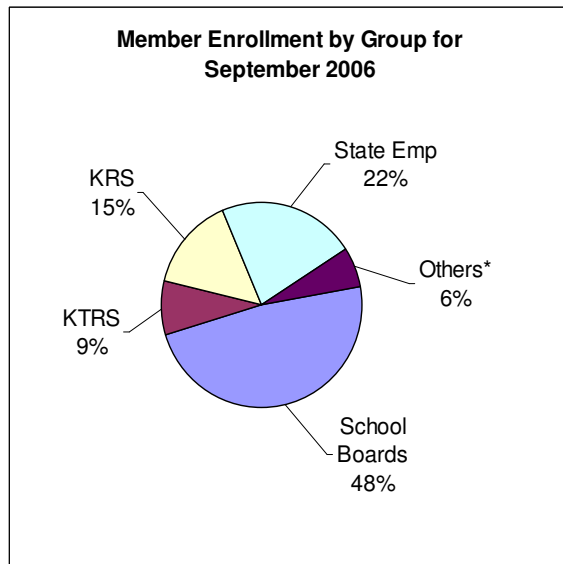
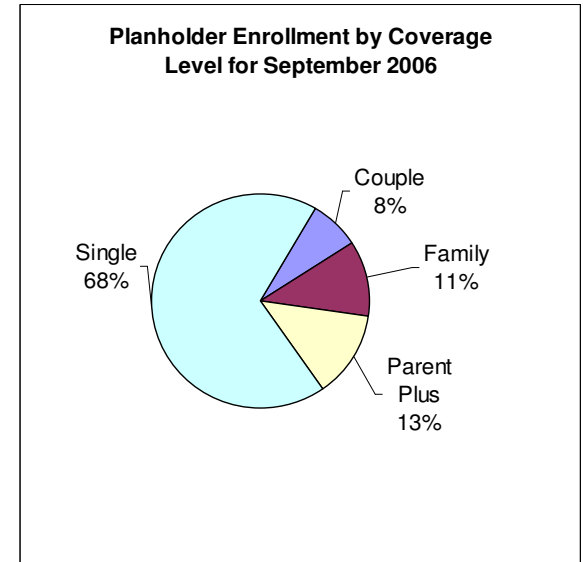
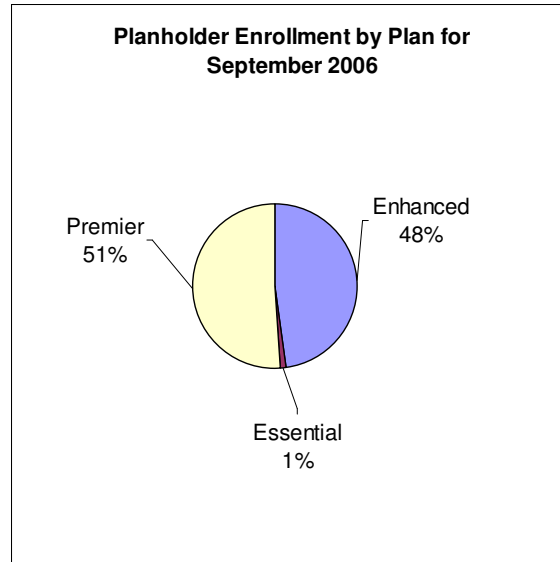
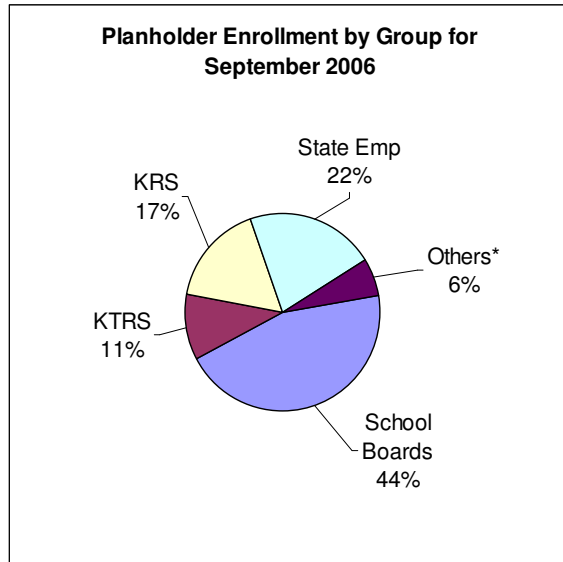
The following details member enrollment (covered lives) for 2004, 2005, and monthly year-to-date for 2006. Enrollment will fluctuate on a monthly basis.



The following shows the number of cross-reference spouses for 2004, 2005, and monthly year-to-date for 2006. Number of Cross-Reference Spouses will fluctuate on a monthly basis.

Time Period	Number of Cross-Reference Spouses
Avg - 2004	5,004
Avg - 2005	7,020
Jan-06	7,075
Feb-06	7,072
Mar-06	7,084
Apr-06	7,104
May-06	7,097
Jun-06	7,111
Jul-06	7,111
Aug-06	7,042
Sep-06	7,069

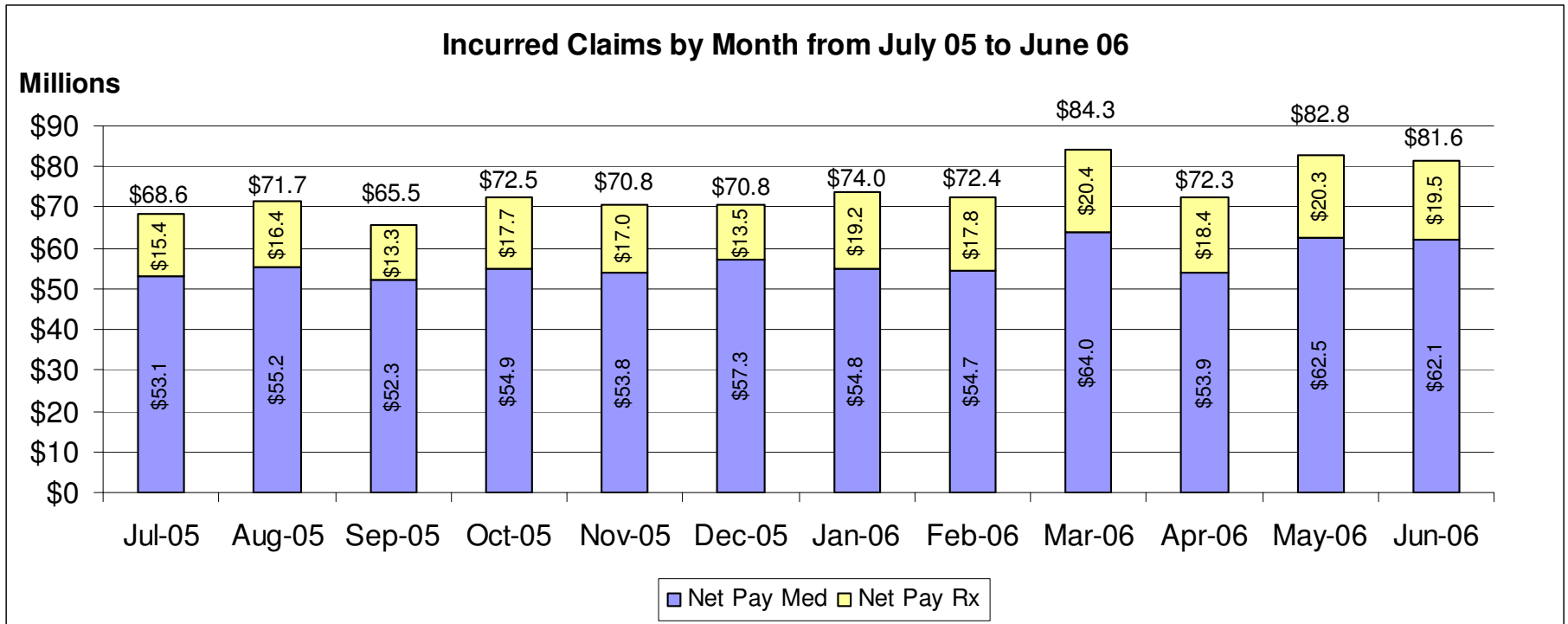
The following displays Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs, including Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



NOTE: Includes run out data from all Carriers

The following represents incurred medical claims only (does not include Rx) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2004	\$246,706,299	\$70,871,538	\$106,225,100	\$123,498,840	\$43,068,670	\$590,370,446
2005	\$258,771,367	\$80,496,682	\$122,112,998	\$127,139,878	\$43,309,030	\$631,829,955
Jan-06	\$21,710,468	\$7,110,095	\$11,413,183	\$11,273,986	\$3,244,295	\$54,752,027
Feb-06	\$22,024,730	\$6,854,143	\$10,982,131	\$10,972,542	\$3,832,253	\$54,665,798
Mar-06	\$25,314,089	\$8,022,024	\$12,210,785	\$14,363,883	\$4,042,054	\$63,952,834
Apr-06	\$21,589,716	\$7,099,707	\$9,882,643	\$11,843,300	\$3,497,076	\$53,912,442
May-06	\$25,011,767	\$8,197,151	\$12,737,189	\$12,799,573	\$3,786,762	\$62,532,441
Jun-06	\$28,624,080	\$7,067,484	\$11,320,954	\$11,318,641	\$3,781,662	\$62,112,820

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred Rx claims only (does not include medical) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
2004	\$65,554,794	\$24,644,841	\$34,889,675	\$32,606,398	\$10,801,244	\$168,496,952
2005	\$69,952,105	\$27,101,871	\$39,821,777	\$34,358,924	\$11,562,214	\$182,796,890
Jan-06	\$7,463,869	\$2,901,045	\$4,269,282	\$3,550,033	\$1,054,329	\$19,238,559
Feb-06	\$7,091,928	\$2,494,966	\$3,894,706	\$3,313,077	\$981,249	\$17,775,926
Mar-06	\$8,158,153	\$2,974,871	\$4,375,789	\$3,761,557	\$1,109,400	\$20,379,771
Apr-06	\$7,227,565	\$2,690,659	\$4,092,393	\$3,386,111	\$1,033,957	\$18,430,685
May-06	\$7,955,642	\$2,991,446	\$4,486,148	\$3,701,320	\$1,177,790	\$20,312,346
Jun-06	\$7,656,479	\$2,888,283	\$4,325,994	\$3,531,851	\$1,072,950	\$19,475,557

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred medical claims only (does not include Rx) by Plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$618,383	\$103,010	\$991,694	\$213,248,006	\$41,116,300	\$325,491,929	\$5,548,872	\$3,252,251	\$590,370,446
2005	\$223,979,968	\$5,659,350	\$399,153,987	\$12,938	\$3,035	\$183,482	\$70	\$2,837,125	\$631,829,955
Jan-06	\$19,972,685	\$371,176	\$34,306,589	\$0	\$0	\$0	\$0	\$101,577	\$54,752,027
Feb-06	\$20,309,499	\$585,129	\$33,479,414	\$0	\$0	\$0	\$0	\$291,756	\$54,665,798
Mar-06	\$23,911,104	\$372,284	\$39,227,960	\$0	\$0	\$0	\$0	\$441,487	\$63,952,834
Apr-06	\$20,594,987	\$328,472	\$32,535,722	\$0	\$0	\$0	\$0	\$453,259	\$53,912,442
May-06	\$23,487,277	\$439,397	\$38,328,371	\$0	\$0	\$0	\$0	\$277,396	\$62,532,441
Jun-06	\$24,158,563	\$315,950	\$37,253,194	\$0	\$0	\$0	\$0	\$385,114	\$62,112,820

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred Rx claims only (does not include medical) by plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$45,196	\$2,359	\$74,909	\$59,139,093	\$13,498,633	\$94,806,542	\$684,426	\$245,795	\$168,496,952
2005	\$64,864,587	\$1,336,841	\$116,054,451	\$13,027	\$3,674	\$25,483	\$496	\$498,332	\$182,796,890
Jan-06	\$6,873,555	\$107,047	\$12,214,064	\$0	\$0	\$0	\$0	\$43,893	\$19,238,559
Feb-06	\$6,457,922	\$96,238	\$11,134,154	\$0	\$0	\$0	\$0	\$87,613	\$17,775,926
Mar-06	\$7,463,208	\$97,425	\$12,732,934	\$0	\$0	\$0	\$0	\$86,204	\$20,379,771
Apr-06	\$6,588,574	\$91,953	\$11,664,438	\$0	\$0	\$0	\$0	\$85,720	\$18,430,685
May-06	\$7,359,928	\$102,656	\$12,765,531	\$0	\$0	\$0	\$0	\$84,231	\$20,312,346
Jun-06	\$6,996,702	\$88,394	\$12,320,176	\$0	\$0	\$0	\$0	\$70,285	\$19,475,557

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred medical claims only (does not include Rx) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$534,701	\$224,145,703	\$139,738,784	\$222,352,699	\$346,307	\$3,252,251	\$590,370,446
2005	\$90,347,654	\$227,227,533	\$119,026,751	\$401,547	\$191,989,345	\$2,837,125	\$631,829,955
Jan-06	\$6,473	\$112,538	\$12,337	\$54,507,753	\$11,348	\$101,577	\$54,752,027
Feb-06	\$0	\$0	\$0	\$54,374,042	\$0	\$291,756	\$54,665,798
Mar-06	\$0	\$0	\$0	\$63,511,348	\$0	\$441,487	\$63,952,834
Apr-06	\$0	\$0	\$0	\$53,459,182	\$0	\$453,259	\$53,912,442
May-06	\$0	\$0	\$0	\$62,255,045	\$0	\$277,396	\$62,532,441
Jun-06	\$0	\$0	\$0	\$61,727,706	\$0	\$385,114	\$62,112,820

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred Rx claims only (does not include medical) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$17,314	\$61,324,944	\$42,603,314	\$64,273,189	\$32,397	\$245,795	\$168,496,952
2005	\$28,629,984	\$67,495,825	\$33,853,601	\$39,651	\$52,279,498	\$498,332	\$182,796,890
Jan-06	\$9,191	\$31,845	\$17,397	\$19,128,483	\$7,750	\$43,893	\$19,238,559
Feb-06	\$0	\$0	\$0	\$17,688,313	\$0	\$87,613	\$17,775,926
Mar-06	\$0	\$0	\$0	\$20,293,566	\$0	\$86,204	\$20,379,771
Apr-06	\$0	\$0	\$0	\$18,344,965	\$0	\$85,720	\$18,430,685
May-06	\$0	\$0	\$0	\$20,228,115	\$0	\$84,231	\$20,312,346
Jun-06	\$0	\$0	\$0	\$19,405,271	\$0	\$70,285	\$19,475,557

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,895,795	\$103,792,589	\$85,465,310	\$317,964,500	\$3,252,251	\$590,370,446
2005	\$87,837,943	\$118,516,830	\$88,082,687	\$334,554,980	\$2,837,516	\$631,829,955
Jan-06	\$7,785,008	\$9,982,073	\$7,286,201	\$29,597,167	\$101,577	\$54,752,027
Feb-06	\$8,109,527	\$9,998,415	\$6,794,808	\$29,471,292	\$291,756	\$54,665,798
Mar-06	\$9,105,078	\$11,966,035	\$8,093,978	\$34,346,256	\$441,487	\$63,952,834
Apr-06	\$7,865,770	\$10,249,201	\$6,792,214	\$28,551,997	\$453,259	\$53,912,442
May-06	\$9,481,363	\$10,852,147	\$8,792,948	\$33,128,586	\$277,396	\$62,532,441
Jun-06	\$8,826,720	\$11,762,577	\$7,618,487	\$33,519,922	\$385,114	\$62,112,820

* Unable to tag claims to a specific coverage level.

The following represents incurred Rx claims only (does not include Medical) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$26,000,775	\$29,722,962	\$19,085,089	\$93,442,331	\$245,795	\$168,496,952
2005	\$28,952,252	\$34,223,119	\$19,143,554	\$99,979,332	\$498,633	\$182,796,890
Jan-06	\$3,209,478	\$3,473,386	\$2,048,119	\$10,463,683	\$43,893	\$19,238,559
Feb-06	\$2,879,488	\$3,253,213	\$1,981,336	\$9,574,276	\$87,613	\$17,775,926
Mar-06	\$3,234,013	\$3,775,652	\$2,256,001	\$11,027,901	\$86,204	\$20,379,771
Apr-06	\$3,023,132	\$3,307,638	\$1,949,848	\$10,064,347	\$85,720	\$18,430,685
May-06	\$3,284,344	\$3,730,543	\$2,106,002	\$11,107,227	\$84,231	\$20,312,346
Jun-06	\$3,170,643	\$3,490,008	\$2,005,363	\$10,739,257	\$70,285	\$19,475,557

* Unable to tag claims to a specific coverage level.

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred in 2006 year to date. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

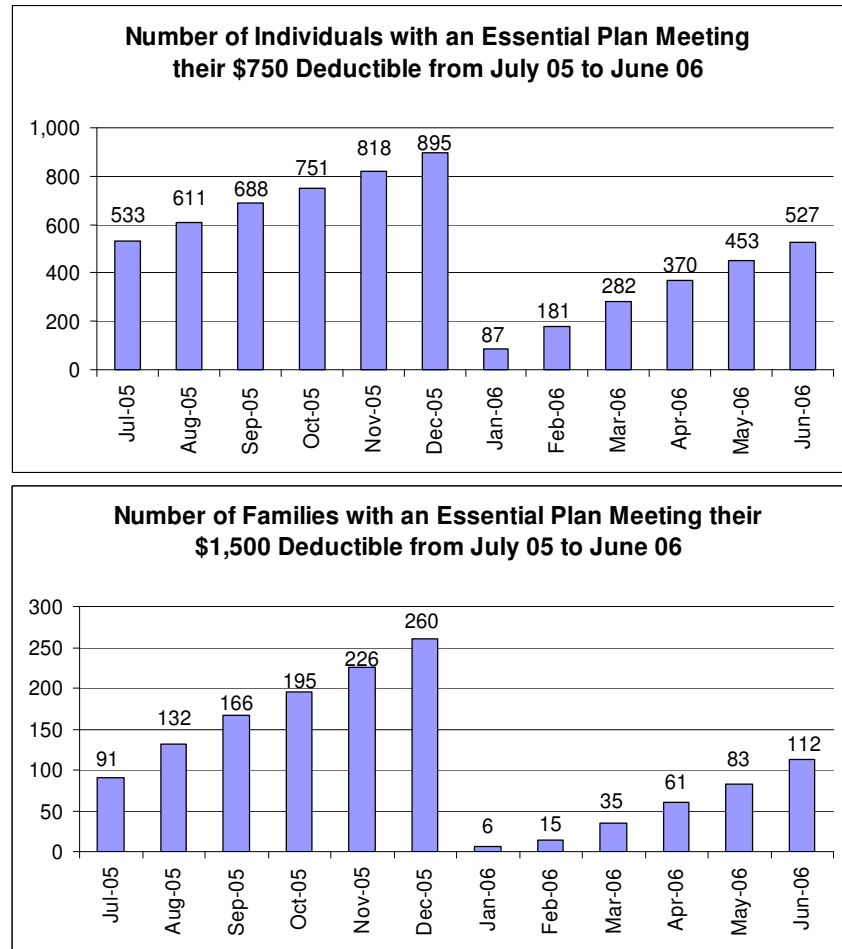
Plans	Number of Hospital Admits per 1000 Members	Average Length of Stay per Admission	Total Admission Days Per 1000 Members	Office Visits per 1000 Members	ER Visits Per 1000 Members	Outpatient Laboratory Services Per 1000 Members	Outpatient Radiology Services Per 1000 Members
Commonwealth Enhanced	68.61	3.81	261.7	7,058.67	195.75	6,366.47	2,308.86
Commonwealth Essential	49.84	4.58	228.29	3,577.84	161.54	3,558.70	1,333.23
Commonwealth Premier	103.11	4.15	427.48	9,341.75	232.9	9,087.04	3,317.95
~Missing		4.21					
All Plans	86.49	4.02	347.88	8,127.08	213.96	7,660.89	2,789.07

*Missing means the claims could not be tagged to a specific plan.

Analysis of Individuals and Families meeting their Deductible

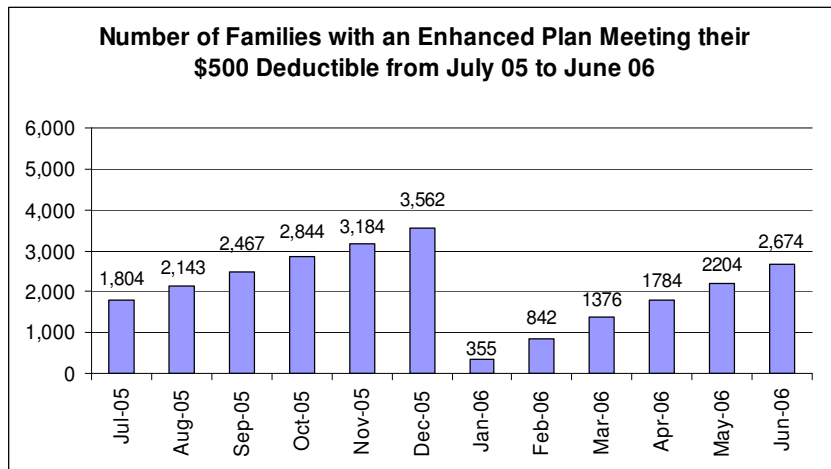
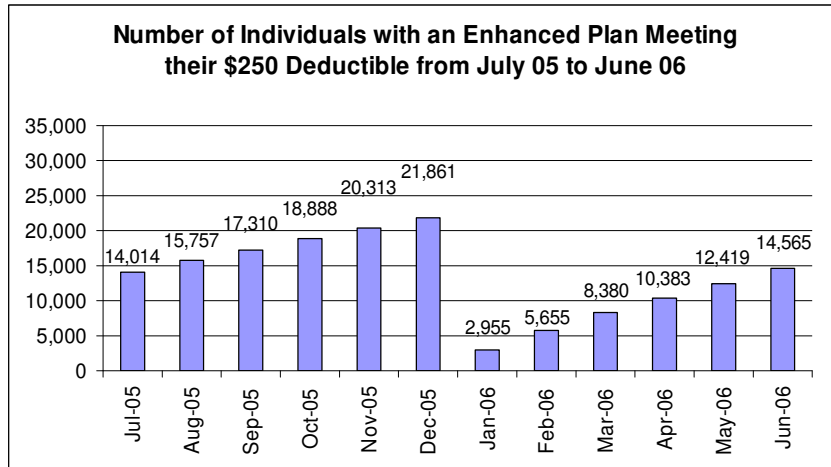
The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

Essential

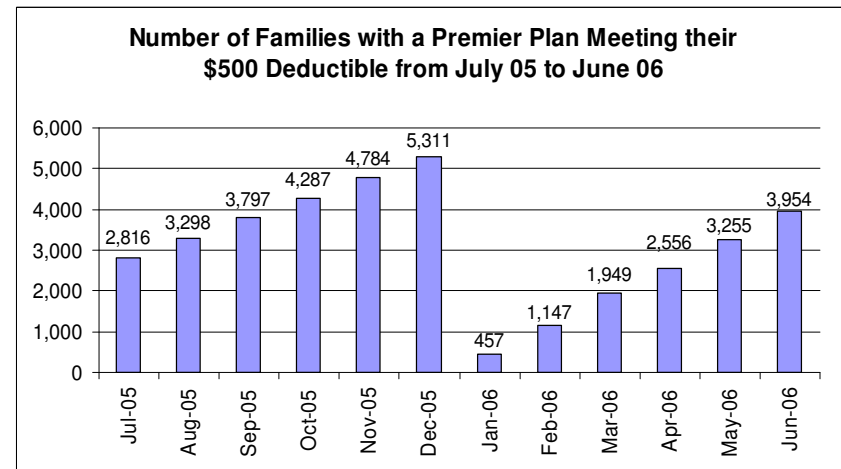
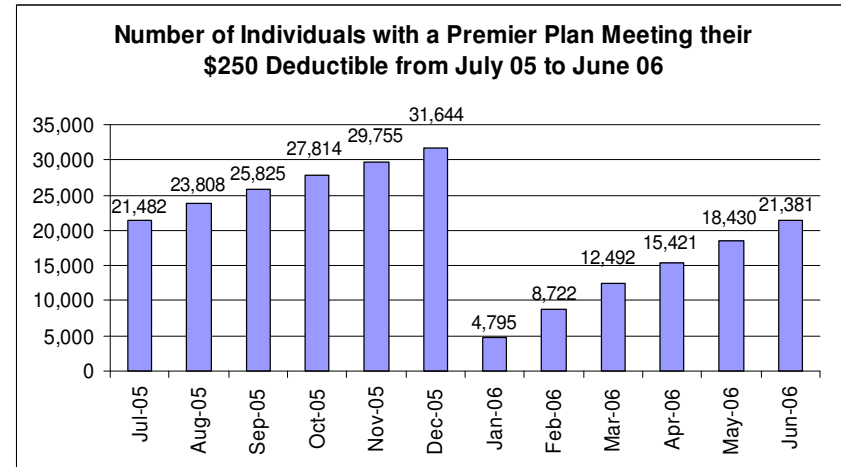


A total of 18.60% of Individuals with an Essential Plan met their deductible while 12.41% of Families met their deductible in 2005.

Enhanced



Premier

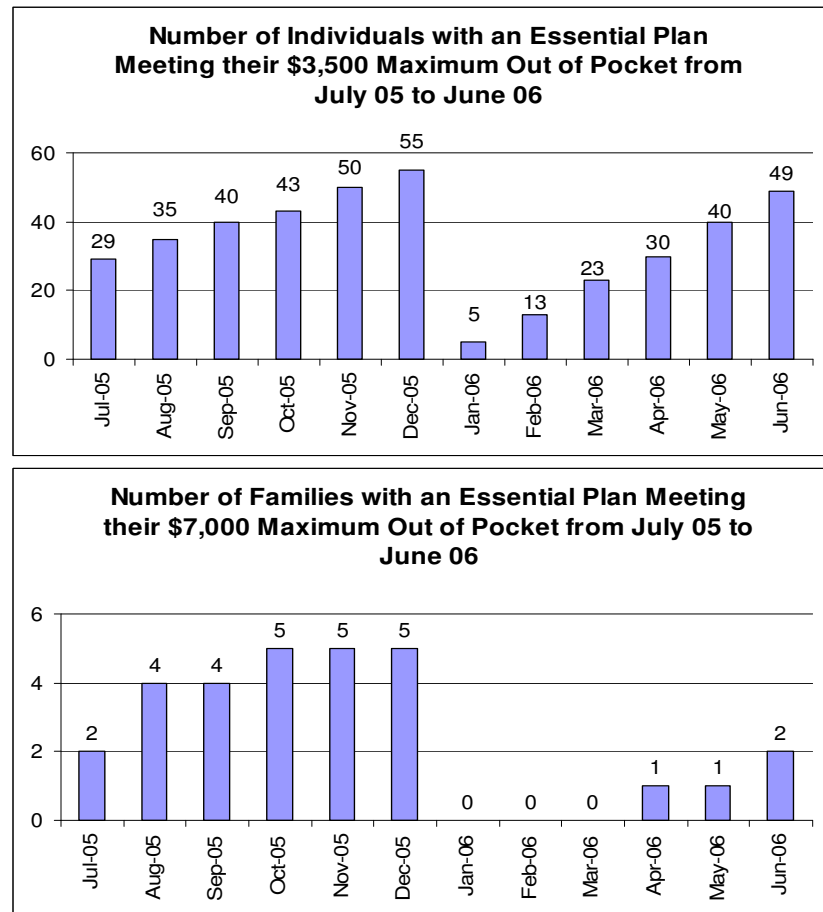


A total of 19.62% of Individuals with an Enhanced Plan met their deductible while 5.12% of Families met their deductible in 2005.
A total of 27.84% of Individuals with a Premier Plan met their deductible while 6.92% of Families met their deductible in 2005.

Analysis of Individuals and Families meeting their Maximum Out of Pocket expenses.

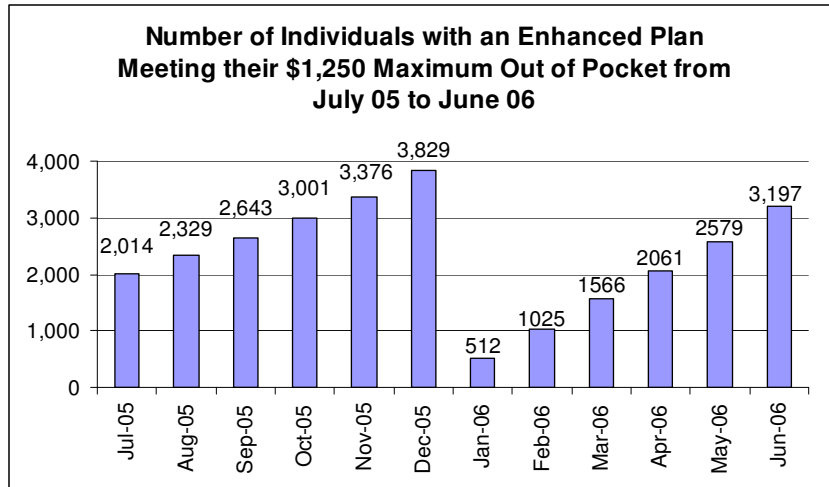
The following details the number of individuals and families by plan, meeting their maximum out of pocket amounts for the most recent rolling year. The report is based on incurred claims.

Essential

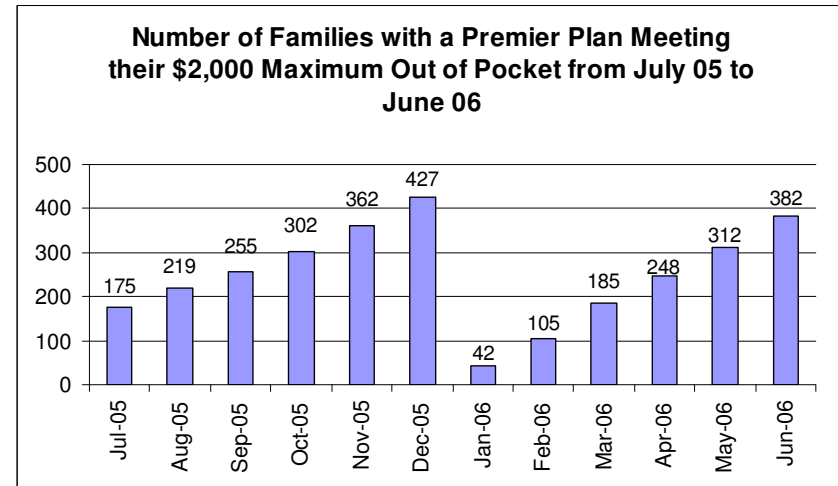
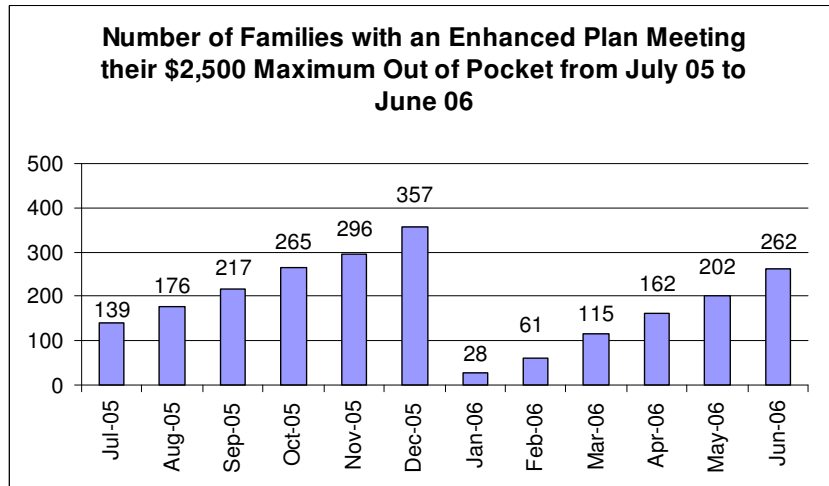
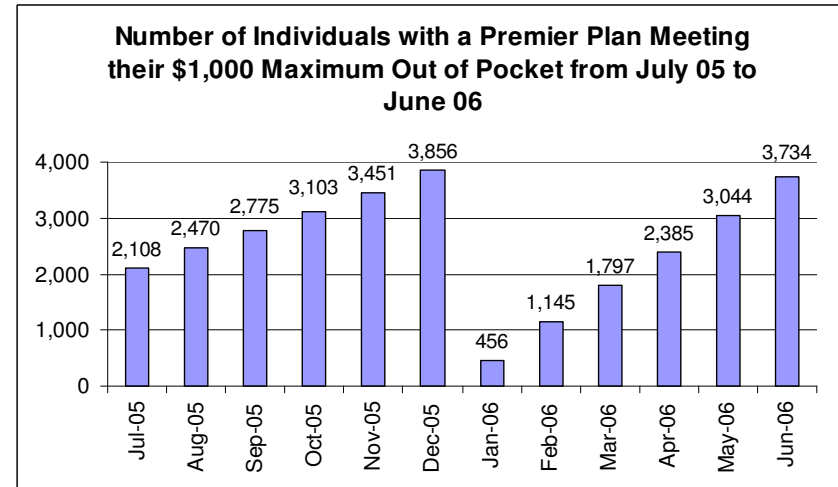


A total of 1.14% of Individuals with an Essential Plan met their Maximum Out of Pocket while 0.24% of Families met their Maximum Out of Pocket in 2005.

Enhanced



Premier



A total of 3.44% of Individuals with an Enhanced Plan met their Maximum Out of Pocket while 0.51% of Families met their Maximum Out of Pocket in 2005.

A total of 3.39% of Individuals with a Premier Plan met their Maximum Out of Pocket while 0.56% of Families met their Maximum Out of Pocket in 2005.

Premium (or Premium Equivalent)

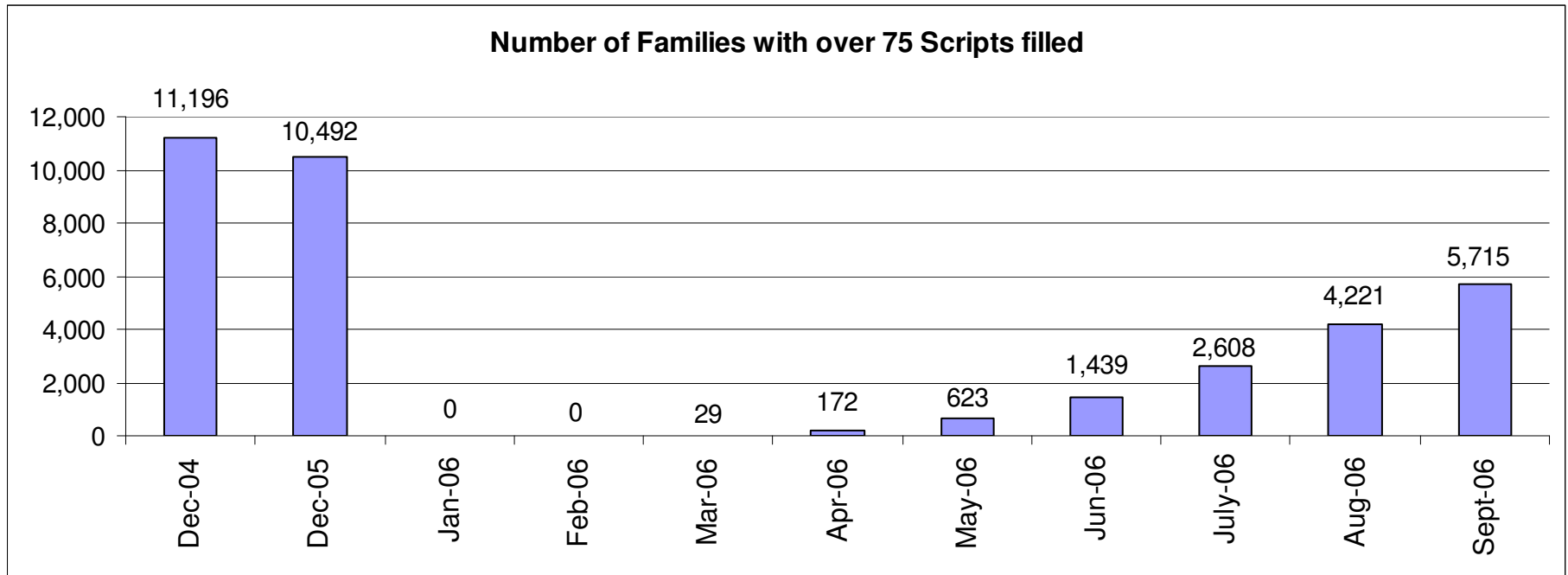
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, and monthly year-to-date for 2006.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$143,746,542	\$808,691,861	\$952,438,403
Jan-06	\$12,823,810	\$83,835,650	\$96,659,460
Feb-06	\$12,803,870	\$83,884,677	\$96,688,547
Mar-06	\$12,786,302	\$83,730,461	\$96,516,763
Apr-06	\$12,805,772	\$83,729,704	\$96,535,476
May-06	\$12,791,952	\$83,656,429	\$96,448,381
Jun-06	\$12,789,120	\$83,646,530	\$96,435,650
Jul-06	\$12,863,569	\$74,235,274	\$87,098,843
Aug-06	\$12,786,174	\$73,543,888	\$86,330,063
Sep-06	\$12,691,236	\$73,623,403	\$86,314,639

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received!

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, and monthly year-to-date for 2006. After a family has filled 75 prescriptions the co-payment was reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The following details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jul-05	164,415	15,862	146,916	7,662	334,855	49.10%	91.20%
Aug-05	173,317	16,545	157,816	8,030	355,708	48.72%	91.29%
Sep-05	144,267	13,163	127,013	6,930	291,373	49.51%	91.64%
Oct-05	181,821	16,041	161,301	8,400	367,563	49.47%	91.89%
Nov-05	183,536	15,557	158,925	8,504	366,522	50.08%	92.19%
Dec-05	151,254	12,564	120,095	9,695	293,608	51.52%	92.33%
Jan-06	194,221	14,780	155,996	7,377	372,374	52.16%	92.93%
Feb-06	186,972	13,162	148,177	7,329	355,640	52.57%	93.42%
Mar-06	214,673	14,524	168,497	7,947	405,641	52.92%	93.66%
Apr-06	187,836	12,877	147,380	6,726	354,819	52.94%	93.58%
May-06	206,373	13,750	159,929	8,145	388,197	53.16%	93.75%
Jun-06	198,894	13,297	150,738	7,904	370,833	53.63%	93.73%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script*	Net Pay Per Script	Average out of pocket cost per member	Average out of pocket cost per patient
Jul-05	229,228	128,699	334,855	1.46	3.07	\$61.22	\$46.12	\$22.01	\$39.21
Aug-05	227,528	132,234	355,708	1.56	3.15	\$61.25	\$46.24	\$23.43	\$40.31
Sep-05	228,123	125,460	291,373	1.28	2.85	\$60.18	\$45.48	\$18.74	\$34.08
Oct-05	233,058	133,772	367,563	1.58	3.17	\$62.76	\$48.02	\$23.21	\$40.43
Nov-05	233,617	134,755	366,522	1.57	3.15	\$60.45	\$46.33	\$22.10	\$38.32
Dec-05	234,180	130,912	293,608	1.25	2.81	\$59.97	\$46.03	\$17.42	\$31.17
Jan-06	234,184	143,458	372,374	1.59	3.03	\$63.45	\$51.66	\$18.74	\$30.60
Feb-06	234,341	143,804	355,640	1.52	2.88	\$61.67	\$49.98	\$17.73	\$28.89
Mar-06	234,253	151,511	405,641	1.73	3.09	\$61.88	\$50.24	\$20.15	\$31.16
Apr-06	234,623	141,819	354,819	1.51	2.92	\$63.69	\$51.94	\$17.76	\$29.38
May-06	234,631	146,674	388,197	1.65	3.07	\$63.95	\$52.32	\$19.24	\$30.77
Jun-06	234,812	144,945	370,833	1.58	3.02	\$63.93	\$52.52	\$18.03	\$29.20

* "Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following top 25 drug analysis is based on Rx claims incurred from January 2006 to June 2006.

Product Name*	Total Rx Payments	Net Pay Rx as % of All Drugs	Number of Scripts	Net Pay Per Day Supply Rx	Number of members receiving an RX
ZOCOR	\$6,124,229	5.30%	43,192	\$3.87	12,924
NEXIUM	\$3,486,018	3.02%	22,314	\$4.37	6,198
SINGULAIR	\$2,563,413	2.22%	28,633	\$2.57	9,227
PREVACID	\$2,419,033	2.09%	15,368	\$4.49	4,387
ENBREL	\$2,207,130	1.91%	1,455	\$51.33	341
EFFEXOR-XR	\$2,184,649	1.89%	17,832	\$3.65	4,406
ZOLOFT	\$1,934,744	1.67%	24,068	\$2.38	6,562
WELLBUTRIN XL	\$1,832,073	1.58%	13,922	\$3.85	3,870
AVANDIA	\$1,751,276	1.51%	12,363	\$4.08	3,143
CRESTOR	\$1,667,628	1.44%	20,340	\$2.30	6,116
PLAVIX	\$1,613,438	1.40%	12,625	\$3.64	3,191
VYTORIN	\$1,576,686	1.36%	19,582	\$2.23	5,721
LEXAPRO	\$1,537,834	1.33%	22,987	\$2.00	6,467
TOPAMAX	\$1,524,800	1.32%	6,912	\$6.66	2,055
PROTONIX	\$1,509,191	1.31%	14,856	\$2.93	4,437
FEXOFENADINE HCL	\$1,309,021	1.13%	26,810	\$1.56	10,453
ACTOS	\$1,278,742	1.11%	8,884	\$4.09	2,447
LOTREL	\$1,102,921	0.95%	13,543	\$2.37	3,145
LIPITOR	\$1,065,213	0.92%	13,559	\$2.09	4,011
ZYRTEC	\$1,038,966	0.90%	29,154	\$1.05	12,420
LEVAQUIN	\$1,014,720	0.88%	11,370	\$9.95	9,257
TRICOR	\$998,648	0.86%	10,954	\$2.58	2,916
ADVAIR DISKUS 250/50	\$997,094	0.86%	6,006	\$4.78	2,621
CELEBREX	\$963,584	0.83%	8,016	\$3.32	2,739
ZETIA	\$871,447	0.75%	11,458	\$2.11	3,255

*"Product Name" includes all strengths/formulations of a drug.

In summary the top 25 drugs represent over 18% of the total scripts and over 38% of total Rx expenditures.

Summary	Total Rx Payments	Number of Scripts	Days Supply Rx
Top Drugs	\$44,572,498	416,203	14,179,949
All Product Names	\$115,612,844	2,247,504	63,754,893
Top Drugs as Pct of All Drugs	38.55%	18.52%	22.24%

Utilization

The top 25 clinical conditions based on “incurred claims” from January 2006 to June 2006 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
“Other” conditions not otherwise categorized*	\$20,854,239	\$3,685,561	\$17,038,840	2.94	7.94	334.1	12.77	42,146	\$494.81
Coronary Artery Disease	\$18,104,500	\$11,662,978	\$6,440,381	5.24	3.24	71.54	2.82	5,530	\$3,273.87
Respiratory Disord, NEC	\$17,494,320	\$4,849,059	\$12,552,268	3.07	2.59	125.46	16.34	16,418	\$1,065.56
Prevent/Admin Hlth Encounters	\$15,444,219	\$95,290	\$15,345,230	0.05	4.17	603.51	0.78	70,619	\$218.70
Gastroint Disord, NEC	\$14,478,681	\$3,041,716	\$11,435,900	2.18	4.27	158.13	15.04	18,870	\$767.29
Spinal/Back Disorders, NEC	\$13,705,639	\$3,356,218	\$10,327,128	1.48	2.72	628.71	5.14	19,495	\$703.03
Arthropathies/Joint Disord NEC	\$11,728,234	\$936,979	\$10,762,702	0.63	3.8	683.67	6.52	31,425	\$373.21
Osteoarthritis	\$11,129,532	\$6,842,375	\$4,278,353	3.15	3.53	185.61	0.31	10,464	\$1,063.60
Pregnancy w Vaginal Delivery	\$7,092,047	\$7,050,983	\$41,064	6.48	2.33	0.67	0	1,275	\$5,562.39
Infections - ENT Ex Otitis Med	\$6,728,966	\$274,992	\$6,452,303	0.56	2.5	592.03	11.27	52,174	\$128.97
Cancer - Breast	\$5,979,563	\$290,958	\$5,688,434	0.42	3.39	50.68	0.09	1,756	\$3,405.22
Cholecystitis/Cholelithiasis	\$5,336,957	\$1,490,154	\$3,846,803	1.56	3.42	7.48	1.3	1,341	\$3,979.83
Condition Rel to Tx - Med/Surg	\$5,148,551	\$3,948,963	\$1,199,505	2.3	5.26	6.53	1.76	1,261	\$4,082.91
Renal Function Failure	\$4,792,955	\$700,153	\$4,028,344	0.26	6.07	10.4	0.36	930	\$5,153.71
Infec/Inflam - Skin/Subcu Tiss	\$4,599,710	\$1,116,204	\$3,471,803	1.19	4.22	250.08	4.56	22,398	\$205.36

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
Gynecological Disord, NEC	\$4,540,277	\$814,610	\$3,725,570	0.9	2.25	81.16	1.29	10,794	\$420.63
Hypertension, Essential	\$4,502,023	\$709,187	\$3,789,462	0.67	3.91	327.23	1.59	29,390	\$153.18
Chemotherapy Encounters	\$4,395,601	\$524,575	\$3,871,027	0.33	3.21	0.9	0	233	\$18,865.24
Hernia/Reflux Esophagitis	\$4,362,895	\$1,054,427	\$3,307,491	0.85	4.15	53.89	1.41	6,632	\$657.86
ENT Disorders, NEC	\$4,278,319	\$57,404	\$4,220,291	0.16	2.37	656.25	2.29	21,754	\$196.67
Nutritional Disorders, NEC	\$4,232,086	\$676,535	\$3,548,356	0.78	3.69	214.76	1.66	27,879	\$151.80
Newborns, w/w/o Complication	\$4,191,602	\$3,954,618	\$236,740	6.75	3.55	3.34	0.04	1,339	\$3,130.40
Diabetes	\$4,017,145	\$875,172	\$3,133,754	0.78	4.25	197.58	1.38	13,757	\$292.01
Urinary Tract Calculus	\$3,923,539	\$607,668	\$3,315,871	1.11	2.35	14.68	4.15	1,629	\$2,408.56
Cardiac Arrhythmias	\$3,613,484	\$1,702,392	\$1,910,995	1.23	2.88	38.98	2.09	3,290	\$1,098.32

*Based on ICD-9 codes that could not be attributed to any other condition.

In summary the top 25 clinical conditions represent over 58% of total paid claims for all clinical conditions.

Summary	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions Per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members
Top Clinical Conditions	\$204,675,082	\$60,319,170	\$143,968,613	45.07	3.62	5,297.38	94.98
All Clinical Conditions	\$351,928,362	\$108,247,375	\$242,866,857	86.49	4.02	8,127.08	213.96
Top Clinical Conditions as Pct of All Clinical Conditions	58.16%	55.72%	59.28%	52.12%	90.04%	65.18%	44.39%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred from January 2006 to June 2006.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	1,357,471	22.7	80.42%	90.72%	95.18%
Commonwealth Essential	29,405	27.4	75.11%	86.90%	92.95%
Commonwealth Premier	1,929,223	22.4	80.65%	91.16%	95.48%
~Missing*	11,559	34.3	63.09%	82.09%	90.55%
All Plans	3,327,658	22.6	80.45%	90.91%	95.32%

*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06
Incurred						
Oct-05	\$24,184,504	\$38,473,429	\$5,465,292	\$2,047,507	\$1,117,209	\$430,247
Nov-05	N/A	\$23,681,263	\$38,498,406	\$4,839,072	\$1,922,761	\$908,620
Dec-05	N/A	N/A	\$25,805,048	\$35,809,332	\$4,957,617	\$2,461,612
Jan-06	N/A	N/A	N/A	\$34,335,774	\$23,431,436	\$7,952,052
Feb-06	N/A	N/A	N/A	N/A	\$33,503,834	\$27,144,347
Mar-06	N/A	N/A	N/A	N/A	N/A	\$42,751,720
Apr-06	N/A	N/A	N/A	N/A	N/A	N/A
May-06	N/A	N/A	N/A	N/A	N/A	N/A
Jun-06	N/A	N/A	N/A	N/A	N/A	N/A
Jul-06	N/A	N/A	N/A	N/A	N/A	N/A
Aug-06	N/A	N/A	N/A	N/A	N/A	N/A
Sep-06	N/A	N/A	N/A	N/A	N/A	N/A

Paid	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06
Incurred						
Oct-05	\$462,971	\$134,128	\$94,904	\$65,025	\$40,472	\$30,946
Nov-05	\$575,637	\$229,619	\$177,545	\$12,047	-\$43,178	-\$2,677
Dec-05	\$758,959	\$484,789	\$281,052	\$199,941	\$82,042	-\$4,327
Jan-06	\$3,096,509	\$2,162,211	\$1,476,000	\$987,605	\$298,186	\$250,814
Feb-06	\$5,802,402	\$2,507,251	\$1,664,501	\$1,032,665	\$504,269	\$282,455
Mar-06	\$28,170,351	\$6,467,371	\$3,433,255	\$1,926,786	\$819,310	\$763,813
Apr-06	\$34,493,824	\$28,818,772	\$4,394,032	\$2,645,560	\$940,951	\$1,049,988
May-06	N/A	\$41,366,106	\$29,072,632	\$7,069,557	\$3,771,359	\$1,565,134
Jun-06	N/A	N/A	\$43,026,694	\$30,749,516	\$5,714,004	\$2,098,163
Jul-06	N/A	N/A	N/A	\$38,381,466	\$32,900,170	\$4,940,269
Aug-06	N/A	N/A	N/A	N/A	\$45,213,813	\$30,583,989
Sep-06	N/A	N/A	N/A	N/A	N/A	\$40,454,408

Claims Distribution based on Age/Gender

The following is based on claims incurred from January 2006 to June 2006.

	Female			Male		
Age Group Medstat	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	199	\$2,026,585	\$10,199.22	205	\$2,065,174	\$10,074.02
Ages 1-4	4,191	\$3,911,457	\$933.34	4,322	\$6,204,129	\$1,435.38
Ages 5-9	5,662	\$2,787,706	\$492.35	5,965	\$3,683,775	\$617.62
Ages 10-14	6,430	\$4,197,785	\$652.84	6,765	\$3,615,083	\$534.40
Ages 15-17	4,499	\$3,374,047	\$750.04	4,692	\$4,124,050	\$878.95
Ages 18-19	3,138	\$2,950,094	\$940.21	3,344	\$2,284,033	\$683.02
Ages 20-24	7,045	\$6,874,294	\$975.84	6,273	\$4,377,190	\$697.84
Ages 25-29	7,900	\$12,372,916	\$1,566.23	3,838	\$2,849,717	\$742.44
Ages 30-34	8,710	\$14,712,432	\$1,689.08	4,706	\$4,771,107	\$1,013.88
Ages 35-39	10,548	\$18,457,328	\$1,749.81	5,496	\$6,400,344	\$1,164.59
Ages 40-44	11,681	\$24,328,367	\$2,082.69	6,266	\$9,648,094	\$1,539.88
Ages 45-49	14,521	\$32,108,076	\$2,211.19	7,735	\$14,651,179	\$1,894.21
Ages 50-54	17,651	\$44,993,454	\$2,549.03	10,320	\$24,217,422	\$2,346.69
Ages 55-59	19,492	\$56,675,861	\$2,907.62	12,539	\$35,997,868	\$2,870.83
Ages 60-64	14,604	\$51,479,676	\$3,525.04	9,766	\$36,164,642	\$3,703.31
Ages 65-74	3,473	\$13,721,371	\$3,951.10	2,529	\$11,515,949	\$4,553.20

Allowed Amount Distribution

The following shows the distribution of members with allowed amount of charges within specified ranges from January 2005 to June 2006. The distribution is based on incurred claims.

Allowed Amount	2005	YTD - 2006
less than 0.00	88	1
\$0.00 - \$499.99	50,012	72,823
\$500.00 - \$999.99	29,251	37,716
\$1,000.00 - \$1,999.99	35,371	38,139
\$2,000.00 - \$4,999.99	47,461	36,389
\$5,000.00 - \$9,999.99	26,209	13,818
\$10,000.00 - \$14,999.99	9,134	4,149
\$15,000.00 - \$19,999.99	4,043	1,755
\$20,000.00 - \$29,999.99	3,539	1,538
\$30,000.00 - \$49,999.99	2,311	1,033
\$50,000.00 - \$74,999.99	924	417
\$75,000.00 - \$99,999.99	387	169
\$100,000.00 - \$149,999.99	304	129
\$150,000.00 - \$199,999.99	114	34
\$200,000.00 - \$249,999.99	58	20
over \$249,999.99	74	28
Total	209,280	208,158

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Jul-05	229,228	\$68,566,223	\$53,121,958	\$15,444,265	587,184	247,320	334,855
Aug-05	227,528	\$71,671,736	\$55,224,958	\$16,446,777	629,297	268,867	355,708
Sep-05	228,123	\$65,514,534	\$52,263,682	\$13,250,852	545,030	248,959	291,373
Oct-05	233,058	\$72,546,669	\$54,895,632	\$17,651,037	635,011	261,958	367,563
Nov-05	233,617	\$70,799,153	\$53,817,145	\$16,982,008	635,435	263,500	366,522
Dec-05	234,180	\$70,836,114	\$57,320,357	\$13,515,756	564,555	255,126	293,608
Jan-06	234,184	\$73,990,586	\$54,752,027	\$19,238,559	634,474	256,085	372,374
Feb-06	234,341	\$72,441,724	\$54,665,798	\$17,775,926	609,773	248,535	355,640
Mar-06	234,253	\$84,332,605	\$63,952,834	\$20,379,771	698,258	286,194	405,641
Apr-06	234,623	\$72,343,127	\$53,912,442	\$18,430,685	600,118	239,252	354,819
May-06	234,631	\$82,844,787	\$62,532,441	\$20,312,346	657,870	262,946	388,197
Jun-06	234,812	\$81,588,376	\$62,112,820	\$19,475,557	644,339	266,954	370,833

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

Incurred Rolling Years	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Jul 2004 - Jun 2005	228,372	\$787,208,140	\$611,281,245	\$176,009,558
Jul 2005 - Jun 2006	232,745	\$886,738,047	\$678,572,095	\$208,905,362
% Change (Roll Yrs)	1.90%	12.60%	11.00%	18.70%